



DEPARTMENT OF THE NAVY  
BUREAU OF MEDICINE AND SURGERY  
2300 E STREET NW  
WASHINGTON DC 20372-5300

IN REPLY REFER TO

BUMEDINST 6321.3A  
BUMED-31  
25 Oct 2000

BUMED INSTRUCTION 6321.3A

From: Chief, Bureau of Medicine and Surgery

Subj: BED CAPACITY

1. Purpose. To provide guidance in accounting for and maintaining information on bed capacity at military treatment facilities (MTFs).

2. Cancellation. BUMEDINST 6321.3

3. Background. Accurate data concerning bed capacity for inpatient MTFs is essential. Among other purposes, this information is used daily in contingency planning and military construction programming. This data is relied on extensively by higher authority. The importance of accurate, consistent reporting of these figures cannot be overemphasized.

4. Definitions

a. Bed Capacity. The number of inpatient beds a hospital can accommodate. Former ward or inpatient room space, altered to the extent so that it cannot be readily reconverted for inpatient use, is not included in determining bed capacity. Space for beds used only in connection with examinations or brief treatment periods, such as in examining rooms or in the emergency department, is not included. Nursery space is not included but is accounted for separately based on the number of bassinets the nursery can accommodate.

b. Constructed Beds. Beds originally designed and constructed for the delivery of inpatient care; usually furnished with suction, medical gas, and nurse call capability; meets standards applied by common hospital accreditation bodies. Includes combined labor/delivery/recovery/postpartum (LDRP) beds, special/intensive care beds, and pediatric cribs set up in patient rooms. Does not include transient patient beds, incubators, bassinets, labor, recovery, combined labor/delivery/recovery, external partnership, or external Veterans Administration (VA) sharing beds. Does not count non-DoD beds located in the facility.

c. Active Beds (staffed beds). Constructed beds currently set up and ready in all respects for the care of patients to include supporting space, equipment, and staff to operate under peacetime circumstances.

d. Inactive Beds (set up beds). Constructed beds ready for the care of patients to include supporting space and equipment, but for which staffing is not available under peacetime circumstances. Beds need not necessarily be physically set up. Includes constructed bed space occupied by a function which could be relocated on a permanent basis and continue to operate assigned function (e.g., storage space, office space which could be consolidated, lounge, and locker space). Does not include former constructed bed space permanently altered for other use.

e. Total Beds. Total beds are the sum of active beds plus inactive beds. This does not include external beds.

f. Expanded Beds. For all commands except U.S. Naval Hospitals Okinawa, Yokosuka, and Guam, the expanded beds should equal the total beds. For U.S. Naval Hospitals Okinawa, Yokosuka, and Guam the following definition applies: Expanded beds are computed from the current physical facility design. Although "expanded beds" are pushed closer together to 6-foot centers, not all multibed inpatient rooms expand equally. Most 2-bed rooms are designed to accommodate the third "expanded" bed with appropriate embedded support facilities (separate oxygen, gas, and electrical connectors). However, some inpatient spaces may have facility limitations such as floor plans, room sizing, or inadequate embedded gas and utilities.

g. External Beds. Includes inpatient beds that have been acquired via external partnership, resource sharing agreement, or VA sharing agreements.

## 5. Action

a. Each MTF must maintain current statistics on bed capacity by room and by medical service.

b. The Chief, Bureau of Medicine and Surgery (BUMED) establishes and adjusts bed capacities based on original constructed bed capacity and any subsequent alternations.

Modifications to patient bed space for other use that will change the bed capacity requires prior written approval from BUMED (MED-31). Forward conversion justifications via the appropriate regional line command to BUMED. Forward requests affecting MTF's located outside the 50 United States for endorsement via the appropriate fleet commander in chief, or Commander in Chief, U.S. Naval Forces, Europe, as appropriate.

c. BUMED establishes and adjusts bed capacity based on facility input, physical modifications, and/or sudden, drastic changes in average daily patient workload (ADPL). Submit requests for changes in bed capacity to BUMED (MED-31) via the appropriate regional line command. Justification for changes should be included with the request.

  
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Deputy

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